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Volunteer Application (Part 2)

Driver Form

Print Name:	Date of Birth:
Street Address:	E-mail:
City / State / Zip:	Phone:
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	Cell:
Driver's License #: _____	Driver's License Expiration Date:
Auto Insurance Co.: _____	Auto Insurance Expiration Date:
Auto Insurance Policy #: _____	What type of vehicle do you drive? Small Car <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/>
Are you currently suffering from any physical or psychological condition that would prevent you from performing volunteer services? Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	

**** I understand that the Sunrise Neighborhood Assistance Program (SNAP) IS NOT liable for any accidents or claims which might occur while I have a client in my car or during my volunteer activity. I agree that my personal auto or other insurance covers me and any client I am transporting in my role as a volunteer.**

**** I understand that seat belts MUST be worn by drivers and passengers at all times.**

**** I understand that I am not to use my cell phone during any time I am driving with a client, EXCEPT in case of an emergency.**

**** Please attach a copy of your driver's license and insurance card to this application. ****

Driving Record

I have have not been cited for any moving violations within the past 3 years.

I have have not been cited for driving while intoxicated or for reckless driving within the past 3 years.

I understand that if I have been cited for either reckless driving or driving under the influence within the past 3 years, I will NOT be given any driving assignments through SNAP.

I also understand that if I have had more than one moving violation within the past 3 years, I will NOT be given driving assignments through SNAP.

Signature _____

Date _____